

**BEST AVAILABLE COPY**

Patent  
Attorney's Docket No. 012889-086

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re Patent Application of )  
)  
Boden WASTFELT et al. ) Group Art Unit: 1647  
)  
Application No.: 09/938,497 ) Examiner: Robert S. Landsman  
)  
Filed: August 27, 2001 ) Confirmation No.: 3731  
)  
For: FIBRINOGEN BINDING PROTEIN )

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JAN 22 2003

TECH CENTER 1600/2900

**REPLY TO RESTRICTION REQUIREMENT  
AND AMENDMENT TRANSMITTAL LETTER**

Assistant Commissioner for Patents  
Washington, D.C. 20231

Sir:

Enclosed is a reply for the above-identified patent application.

- ☐ A Petition for Extension of Time is also enclosed.
- ☐ A Terminal Disclaimer and a check for ☐ \$55.00 (2814) ☐ \$110.00 (1814) to cover the requisite Government fee are also enclosed.
- ☐ Also enclosed is \_\_\_\_\_.
- ☐ Small entity status is hereby claimed.
- ☐ Applicant(s) request continued examination under 37 C.F.R. § 1.114 and enclose the ☐ \$375.00 (2801) ☐ \$750.00 (1801) fee due under 37 C.F.R. § 1.17(e).
- ☐ Applicant(s) previously submitted \_\_\_, on \_\_\_, for which continued examination is requested.
- ☐ Applicant(s) request suspension of action by the Office until at least \_\_\_, which does not exceed three months from the filing of this RCE, in accordance with 37 C.F.R. § 1.103(c). The required fee under 37 C.F.R. § 1.17(i) is enclosed.
- ☐ A Request for Entry and Consideration of Submission under 37 C.F.R. § 1.129(a) (146/246) is also enclosed.
- ☒ No additional claim fee is required.

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Amendment/Reply Transmittal Letter

Application No. 09/938,497

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Page 2

☐ An additional claim fee is required, and is calculated as shown below:

AMENDED CLAIMS					
	NO. OF CLAIMS	HIGHEST NO. OF CLAIMS PREVIOUSLY PAID FOR	EXTRA CLAIMS	RATE	ADDT'L FEE
Total Claims		MINUS =		× \$18.00 (1202) =	
Independent Claims		MINUS =		× \$84.00 (1201) =	
If Amendment adds multiple dependent claims, add \$280.00 (1203)					
Total Amendment Fee					
If small entity status is claimed, subtract 50% of Total Amendment Fee					
<b>TOTAL ADDITIONAL FEE DUE FOR THIS AMENDMENT</b>					

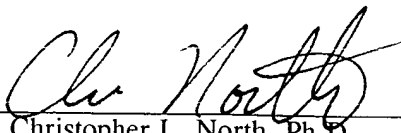
☐ A claim fee in the amount of \$\_\_\_\_\_ is enclosed.

☐ Charge \$\_\_\_\_\_ to Deposit Account No. 02-4800.

The Commissioner is hereby authorized to charge any appropriate fees under 37 C.F.R. §§ 1.16, 1.17, 1.20(d) and 1.21 that may be required by this paper, and to credit any overpayment, to Deposit Account No. 02-4800. This paper is submitted in duplicate.

Respectfully submitted,

BURNS, DOANE, SWECKER & MATHIS, L.L.P.

By:   
Christopher L. North, Ph.D.  
Registration No. 50,433

P.O. Box 1404  
Alexandria, Virginia 22313-1404  
(703) 836-6620

Date: January 21, 2003



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REPLY TO RESTRICTION REQUIREMENT AND AMENDMENT

Assistant Commissioner for Patents  
Washington, D.C. 20231

Sir:

In complete reply to the Official Action mailed December 18, 2002 (Paper No. 6)  
please amend the above-captioned application as follows:

IN THE CLAIMS:

Please cancel Claims 1 and 8 without prejudice or disclaimer of the subject matter  
disclosed therein.

Please replace Claims 9-11 as follows:

9. (Amended) Pharmaceutical composition for the inhibition of Staphylococci  
binding to fibrinogen comprising a fibrinogen binding protein of claim 12 in combination  
with a pharmaceutically acceptable carrier.